

**Nevada State Board
of Massage Therapists**
1755 E. Plumb Lane Suite 252
Reno, NV 89502
Phone (775) 688-1888
Fax (775) 786-4264



Email:
nvmessagebd@state.nv.us
Website:

<http://massagetherapy.nv.gov>

**Nevada State Board
of Massage Therapists**
101 Convention Center Drive Suite 830
Las Vegas, NV 89109
Phone (702) 486-2212
Fax (702) 486-3658

APPLICATION REQUEST FORM

Choose one Application Status so the correct application can be sent.

Current Students Are Not Eligible For This Process

☐ Graduated From a Massage Therapy Program
with a Minimum of 500 Hours and Have Passed
a National Exam.

☐ Currently Licensed Outside of NV and Have
Passed a National Exam

Fingerprinting not applicable

1. Choose one of the following fingerprinting processes so the correct forms can be sent.

☐ Request Fingerprint Cards

☐ Request Live Scan Application

*☐ Resubmitting Fingerprints

**Allow four to six months to
process fingerprint cards**

Allow three to five weeks for the process of Live Scan fingerprints.

(Live Scan is not available in rural areas or outside of Nevada)

Fingerprint results are good for SIX MONTHS ONLY. As a reminder, you will be notified in writing to the address on file, of the expiration of your fingerprint results two months prior to the results expiring.

2. Read and Check the following:

☐ Have your school mail your transcripts and certificate of completion to our office to one of the addresses above.

☐ Applications stay on file for one year from date received in office.

TO RECEIVE AN APPLICATION PACKET:

☐ **Complete the form below, print legibly.**

☐ Include a Cashiers' Check or Money Order only for \$5.00. Checks are not accepted.

*☐ NOTE: If you are required to resubmit fingerprint cards due to expired prints please submit this form with a fee of \$125.00 only.

☐ Include a copy of your Driver's License or State Identification and Social Security Card.

Legal Name: _____ SS #: _____

Current Mailing Address _____

Day Time Phone # _____ County: _____

Place of Birth: _____ Date of Birth: _____

You will receive an Application Package in the mail within 7 to 10 business days.

The package will include the instructions specific to your licensing with the Nevada State Board of Massage Therapists.

If you have any questions, email us at nvmessagebd@state.nv.us or review the FAQ tab on our website at www.massagetherapy.nv.gov.

FOR OFFICE USE ONLY

Paid \$ _____ QB _____ Date Sent: _____ Tracking # _____